

DEVELOPMENT OF AN ONLINE APPLICATION FORM AND DATABASE FOR
INDIANA BUSINESSES WHO APPLY FOR THE *ACHIEVEWELL* CERTIFICATE
THROUGH THE WELLNESS COUNCIL OF INDIANA

A CREATIVE PROJECT SUBMITTED
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ABSTRACT

TITLE: Development of an Online Application Form and Database for Indiana Businesses who Apply for the *AchieveWELL* Certificate through the Wellness Council of Indiana

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The purpose of this creative project was to develop an electronic form to be used by businesses that apply for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). To be eligible to receive an *AchieveWELL* certificate, each workplace must meet criteria for 11 specific components. At this time, however, there is no formal application process for wellness programs to utilize, making the determination of eligibility problematic for the WCI and the application process confusing for the worksites attempting to become certified. An electronic form will make the process more efficient for the applicant and reviewing committee and help WCI reach their certification goals while concomitantly providing up-to-date data on the health of Indiana businesses. The electronic form will abstract and store key components in a companion data source, allowing future data analysis and tracking of the *AchieveWELL* companies. To create the electronic form, this researcher: 1) completed training for the Adobe interactive form software; 2) engaged in conversation with WCI leaders and stakeholders to become fully entrenched in the nuances of the project, 3) and developed the online electronic template for the *AchieveWELL* certificate application form and database.

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CHAPTER 1

INTRODUCTION

Increasing evidence supports the need for workplace wellness programs. More companies than ever are implementing health and wellness strategies to reduce injuries, health care costs and long-term disability (Workplace Wellness, 2009). Health care costs are typically one of the largest expenses for a company (Stanton, 2004). In fact, health care costs for treating overweight and obesity in the United States and Canada caused by medical costs, excess mortality and disability was approximately \$300 billion in 2009 (Behan, Cox, Lin, Pai, Pedersen, & Yi, 2010). Implementation of workplace wellness programs can help raise awareness to this epidemic along with helping reduce costs related to other health care expenses.

Not only are healthcare costs increasing for organizations, but employee productivity and absenteeism costs are also rapidly increasing. Absenteeism is rapidly increasing mainly due to stress because of work intensification, job dissatisfaction, long hours, and work/home balance problems (CCH, 2007). Along with absenteeism, presenteeism also appears to be a new developing problem in organizations. Presenteeism is noted when employees are present at work, however they are unable to be fully productive due to illness, injury, or stress in general (CCH, 2007).

Workplace health promotion is a key factor to address all of these issues. Mounting costs of maintaining unhealthy employees, coupled with the expense and disruption associated with staff turnover, is leading many employers to implement a workplace wellness program. Workplace wellness programs are proving their worth and saving companies money, making them more than just a good idea. Baicker, Cutler, & Song (2010) found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and absenteeism costs fall by about \$2.73 for every dollar spent. Although further exploration of the mechanisms at work and broader applicability of the findings is needed, this return on investment suggests that the wider adoption of such programs could prove beneficial for budgets and productivity as well as health outcomes (Baicker, Cutler, & Song, 2010).

Indiana business's can benefit from workplace wellness programs. The *AchieveWELL* certification process is a step in the right direction to encourage businesses to achieve more for their employees and their community. It is a positive recognition for organizations to become recognized for their positive efforts on aiming to decrease healthcare costs, employee absenteeism and presenteeism, as well as increasing employee morale coupled with reduced stress.

AchieveWELL certification is available through the Wellness Council of Indiana (WCI) and the Indiana Chamber of Commerce. Currently, there are three certification levels that can be obtained by participating organizations: Three-Star, Four-Star, and Five-Star certification. The goal of the certification process is to recognize the worksite wellness programs that use best-practice to improve and maintain the health of their employees.

Problem

To be eligible for certification as an *AchieveWELL* workplace through the Wellness Council of Indiana (WCI) and the Indiana Chamber of Commerce, each workplace must meet criteria for 11 specific components. At this time, however, there is no formal application process for wellness programs to utilize, making the determination of eligibility problematic for the WCI and the application process confusing for the worksites that are attempting to become certified.

Purpose

The purpose of this creative project was to develop an electronic form to be used by businesses that apply for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI).

Guided Questions

The following questions guided the development of this creative project:

1. What are the most valuable questions to ask regarding each of the 11 essential components for obtaining the *AchieveWELL* certification through the Wellness Council of Indiana (WCI)?
2. What should the online, PDF form include to make the application process efficient and simple for both the business and the WCI?

Rationale

An electronic form will make the process more efficient for both the applicant and the reviewing committee and will assist WCI in reaching their certification goals while

concomitantly providing them with up-to-date data on the health of Indiana's businesses. The electronic form was created in a manner that will allow for the abstraction and storage of key components in a companion data source which will allow future data analysis and tracking of the *AchieveWELL* companies.

Definitions

For the purpose of this study, the following definitions will be used:

1. Wellness program: Services focused on the promotion or maintenance of good health rather than the correction of poor health.
<http://www.entrepreneur.com/encyclopedia/term/82650.html>
2. Wellness Council of Indiana (WCI): A 501(c)3 organization dedicated to promoting healthier lifestyles for all citizens of Indiana through health promotion activities at the worksite. The Wellness Council of Indiana is part of a national network promoting worksite wellness programs to help Indiana employers positively impact medical expenses and utilization rates, employee recruitment and retention, absenteeism, productivity and create a positive company image. Wellness encourages healthy employees, healthy families, and healthy communities. <http://www.wellnessindiana.org/index.php/what-is-the-wellness-council-of-indiana/>
3. *AchieveWELL* certification: A blueprint to assist employers in creating a corporate culture that encourages and supports employee health through worksite wellness programs. It provides a clear understanding of the necessary components of

successful worksite wellness and recognizes excellence in the field of health promotion. <http://www.wellnessindiana.org/index.php/achieve-well-worksite-wellness-certification/>

4. Three-Star certification: Three-Star certification is designed primarily to assist those organizations just getting started in worksite wellness or that have no formalized programs. It is the minimum level of certification in Indiana.
5. Four-Star certification: Four-Star certification is one level above Three-Star certification and requires additional steps be taken in a workplace wellness program. A business must show proof of at least 24 months of continuous program activity.
6. Five-Star certification: Five-Star certification is one level above Four-Star certification and requires additional steps be taken in a workplace wellness program. A business must show proof of at least 60 months of continuous program activity.
7. Certification components: Eleven components required for Three-Star certification. These include the following: top management support, wellness team established, needs assessment and analysis, program and business goals linked, formal program operating plan, promotion/communication plan, incentive program, safety initiatives, evaluation of planning and activities, two year operating plan, and supportive environment.

Summary

The purpose of this creative project was to develop an electronic form to be used by businesses that apply for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). Because WCI aims to increase the number of companies in Indiana certified with the *AchieveWELL* certification, the electronic form will make this process more efficient and simplified for both the employee and the company.

CHAPTER 2

REVIEW OF LITERATURE

The purpose of this creative project was to develop a user-friendly, digital form using Adobe Acrobat 9 Pro software that gathers all of the required information for the *AchieveWELL* certification that Indiana businesses may use in the application process for recognition. This chapter will present a review of the literature that describes: 1) the need for worksite wellness programming, 2) Indiana's *AchieveWELL* certification process and components, and 3) information that must be included in the computerized form.

Background

Wellness programs in the workplace are an essential part to any business for achieving greater employee health (Workplace Wellness, 2009). Many states are working to create and help implement worksite wellness models for companies to individualize and adapt as part of their business plan. In order to understand the importance of worksite wellness programs, it is important to understand the need by reviewing the high risk populations according to morbidity and mortality statistics.

The most recent mortality trends for America were gathered for the year 2009 pointing to the two leading causes of death – heart disease and cancer (Kochanek, Xu,

Murphy, Minino, & Kung, 2011). Diabetes, kidney disease, and hypertension were among the top 15 causes of death in the United States (Kochanek et al., 2011).

Cardiovascular Disease and Stroke

Although the death rate from cardiovascular disease (CVD) declined by 27.8 percent from 1997 to 2007, CVD remains the number one killer of American adults and is responsible for 1 out of every 2.9 deaths in the United States. In 2007, 33.6 percent (n=813,804) of all deaths were from CVD, resulting in an overall death rate of 251.2 per 100,000 (Roger et al., 2011).

Based on 2007 mortality data, more than 2,200 Americans died of CVD each day for an average of 1 death every 39 seconds. In 2007, nearly 33 percent of deaths due to CVD occurred before the age of 75 years, well before the average life expectancy of 77.9 years. In fact, more than 150,000 Americans killed by CVD in 2007 were 65 years of age or younger (Roger et al., 2011).

Each year, approximately 795,000 people experience a new or recurrent stroke (Roger et al., 2010). Of these, approximately 610,000 are first attacks, and 185,000 are recurrent attacks. Mortality data from 2007 indicates that stroke accounted for almost 1 of every 18 deaths in the United States. On average, every 40 seconds, someone in the United States has a stroke. From 1997 to 2007, the stroke death rate fell 44.8 percent, and the actual number of stroke deaths declined 14.7 percent (Roger et al., 2011).

Hypertension

Data from the National Health and Nutrition Examination Survey (NHANES) 2005–2008 indicate that 33.5 percent of U.S. adult's 20 years and older of age or an

estimated 76,400,000 U.S. adults have hypertension (Roger et al., 2011; CDC, 2010d). The prevalence of hypertension is nearly equal between men and women (Roger et al., 2011). African American adults have among the highest rates of hypertension in the world, at 44percent (Roger et al., 2011). Among hypertensive adults, about 80 percent are aware of their condition, 71 percent are using antihypertensive medication, and only 48 percent of those aware that they have hypertension have their condition controlled (Roger et al., 2011).

Diabetes

The burden of diabetes in the United States has increased with the increasing prevalence of obesity (CDC, 2010b). Multiple long-term complications of diabetes can be prevented through improved patient education and self-management and provision of adequate and timely screening services and medical care (CDC, 2010b). In 2008, an estimated 18,300,000 Americans had diagnosed diabetes mellitus, representing 8.0% of the adult population (Roger et al., 2011). An additional 7,100,000 had undiagnosed diabetes mellitus, and 36.8 percent had pre-diabetes, with abnormal fasting glucose levels (Roger et al., 2011). African Americans, Mexican Americans, Hispanic/Latino individuals, and other ethnic minorities bear a strikingly disproportionate burden of diabetes mellitus in the United States (Roger et al., 2011). In 2010, the prevalence of diagnosed diabetes increased to 8.7 percent of the population (CDC, 2011a; CDC, 2011c). In Indiana, that statistic is even higher with 9.8 percent of the population having diabetes (CDC, 2011a; CDC, 2011c). It is important to remember that approximately one-third of diabetes cases are undiagnosed (CDC, 2010b).

Overweight/Obesity

Obesity (body mass index ≥ 30 kg/m²) is associated with marked excess mortality in the U.S. population (Roger et al., 2011). Even more notable is the excess morbidity associated with overweight and obesity in terms of risk factor development and incidence of diabetes mellitus, CVD end points (including coronary heart disease, stroke, and heart failure), and numerous other health conditions, some of which include asthma, cancer, degenerative joint disease (Roger et al., 2011).

In 2007-2008, the prevalence of obesity was 32.2 percent among adult men and 35.5 percent among adult women (Flegal, Carroll, Ogden, & Curtin, 2010). The most recent estimated prevalence of overweight and obesity in US adults (≥ 18 years of age) is 64.5 percent in 2010 (CDC, 2011a). Fully 33.8 percent of U.S. adults are obese (body mass index ≥ 30 kg/m²) (CDC, 2011a). Men and women of all race/ethnic groups in the population are affected by the epidemic of overweight and obesity. Comparatively, Indiana is higher than national statistics in regards to overweight and obesity. In 2010, 66.5 percent of adults aged 18 and older were overweight or obese, 30.3 percent of which were obese (CDC, 2011a).

Physical Activity and Caloric Consumption

Physical inactivity and unhealthy eating contribute to obesity and a number of chronic diseases, including some cancers, cardiovascular disease, and diabetes (CDC, 2010b). Physical activity reduces the risk for heart disease, colon cancer, stroke, type 2 diabetes and its complications, overweight, and osteoporosis (CDC, 2010b). According to the 2009 Behavioral Risk Factor Surveillance System (BRFSS), 51 percent of adults >18

years of age reported participation in moderate physical activity for more than 30 minutes, five times per week or vigorous physical activity for more than 20 minutes, three or more times per week (CDC, 2010b; CDC, 2011a). In Indiana, however only 48 percent of adults reported achieving this amount of physical activity (CDC, 2010b; CDC, 2011a).

Physical activity objective 2.1 for Healthy People 2020 aims to increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes per week, or 75 minutes per week of vigorous intensity, or an equivalent combination (CDC, 2011b). Increasing awareness of the importance of physical activity in the workplace setting as well as increasing opportunities to engage in physical activity will help meet the 2020 objective.

Along with physical inactivity, another area contributing to weight gain in America is an increase in caloric consumption over the years. Data from the National Health and Nutrition Examination Survey (NHANES) indicate that between 1971 and 2004, the average total energy consumption among US adults increased by 22 percent in women (from 1542 to 1886 kcal/d) and by 10 percent in men (from 2450 to 2693 kcal/d). NHANES is the primary national data system that provides information to monitor the nutritional status of the U.S. population (CDC, 2010d). The increases in calories consumed during this time period are attributable primarily to greater average carbohydrate intake, in particular, of starches, refined grains, and sugars (Roger et al., 2011). Other specific changes related to increased caloric intake in the United States include larger portion sizes, greater food quantity and calories per meal, and increased

consumption of sugar-sweetened beverages, snacks, commercially prepared (especially fast food) meals, and higher energy-density foods (Roger et al., 2011).

Heart disease, stroke, hypertension, and diabetes are all related to excess weight or overweight/obesity. With the prevalence of these various disease states accounting for high rates of mortality in the U.S. and more importantly, in Indiana they are of great importance to address not only to reduce mortality rates but also to reduce healthcare costs. In 2003, it cost an estimated \$6.7 billion for treatment expenditures for the four leading causes of death in Indiana – heart disease, stroke, cancer and diabetes (Chronic Disease in Indiana, 2010). An estimated \$22.7 billion was lost due to poor productivity due to the mentioned causes of death (Chronic Disease in Indiana, 2010).

In 2005, health care expenditures in the U.S. reached nearly \$2 trillion, with U.S. employers shouldering the majority of this burden (National Health, 2005). In 2007, health care costs for U.S. employers increased another 7 percent, despite vigorous attempts to control health care spending (2007 Health Care, 2008). In dollar terms, that translates into an average increase of \$575 per employee, for an average total cost of \$8,796 per employee (2007 Health Care, 2008). On a more positive note, researchers have identified a direct link between all of these health care costs and individual health risk (The True Cost, 2008). This gives employers a compelling business imperative to control health care costs through individual risk reduction and behavior change programs. A comprehensive population management program that addresses these issues is an investment in a present, productive work force, which confers a strategic business advantage (The True Cost, 2008).

Wellness in the Workplace

The corporate community and public health agencies must initiate and enhance joint efforts to strengthen health promotion and disease and injury prevention programs for employees and their communities, according to the Institute of Medicine (IOM) report (Majestic, 2009). Because American workers spend more than one-third of their day in the workplace environment, employers are in a unique position to protect their health and safety (Majestic, 2009). The Centers for Disease Control and Prevention (CDC) has conducted research with employers to build the evidence needed to promote workplace health programs (CDC, 2010c). Guidelines and toolkits have been produced to help employers implement evidence-based worksite wellness programs (CDC, 2010c).

Workplace health promotion programs or workplace wellness programs provide many benefits to employers including better control of health care costs, increased employee productivity and morale, and a more positive organization reputation. An investment in employee health may lower health care costs and insurance claims. In fact, employees with more risk factors, including being overweight, smoking and having diabetes, cost more to insure and pay more for health care than people with fewer risk factors (Yen, Schultz, Schnueringer, & Edington, 2006; Goetze et al., 1998). A systematic review of 56 published studies of worksite health programs showed that well-implemented workplace health programs can lead to 25 percent savings each on absenteeism, health care costs, and workers' compensation and disability management claims costs (Chapman, 2005).

Many employers however, are unaware of the linkages between health and productivity. While they understand that investing in human capital improves the

company bottom line, they are only beginning to understand the impact health has on worker productivity. In fact, productivity losses related to personal and family health problems cost U.S. employers \$1,685 per employee per year, or \$225.8 billion annually (Steward, Ricci, Chee, & Morganstein, 2003). For instance, the cost of obesity, including medical expenditures and absenteeism, for a company with 1,000 employees is estimated to be \$277,000 per year (Finkelstein & Brown, 2006). This is partly because obese employees experience higher levels of absenteeism due to illness than normal weight employees (Tucker & Friedman, 1998). In comparison, overweight women miss 3.9 days, a 15 percent increase in missed days; obese women (BMI greater than 30) miss 5.2 days, a 53 percent increase in missed days; and women with a BMI of 40 or higher miss 8.2 days, a 141 percent increase in missed days, almost one week more of missed work each year than normal-weight women (Finkelstein, Fiebelkorn, & Wang, 2005).

As noted above, employee health or worksite wellness programs have a positive impact on employee productivity and absenteeism. Wellness programs also have a positive impact on the community as well as showing that a company cares about its employees' health and well-being giving them a more competitive advantage. Creating a culture of health, where health promotion is a valued part of the normal work day environment, will address employers' health concerns for their employees and enhance their competitiveness by engaging employees, and presenting the company as an attractive place to work (Linnan, Weiner, Graham, & Emmons, 2010; Danis et al., 2007; Lovett Davis et al., 2009; Lowe, Schellenberg, & Shannon, 2003).

Worksite wellness programs have a positive impact on the business, its employees, and the community. Several states are beginning to adopt and create worksite

wellness programs for companies to utilize and individualize to their environment using evidence-based practice to see the greatest results. The Centers for Disease Control and Prevention (CDC) is a primary example of where states and businesses can turn to for assistance in creating worksite health programs as they are committed to helping people everywhere become safer and healthier. The CDC has developed the Healthier Worksite Initiative (HWI) for their own employees with the vision of making the CDC a worksite where healthy choices are easy choices (CDC, 2010c). HWI was initiated in October 2002 when CDC Director Julie Gerberding asked the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to develop a workforce health promotion (WHP) initiative focused on the four pillars of the President's HealthierUS Executive Order — physical activity, nutritious eating, preventive health screenings, and making healthy choices (CDC, 2010c). Toolkits are available focusing on each of these four pillars.

The evidenced-based worksite wellness programs developed by Wisconsin and South Carolina are perceived as the gold standard. These states have implemented best-practice wellness programs available for worksites to utilize and are seeing positive changes as a result of this action. Wisconsin has developed a toolkit available to assist worksites with implementing effective wellness strategies regardless of the size of the worksite or available resources. The Wellness Council of Wisconsin has provided services to organizations in Wisconsin since 1985 (About Us, 2011). Their membership has grown from nine founding companies to over 430 employers of all sizes and types representing more than 400,000 employees (About Us, 2011). The cornerstone of the Wellness Council of America, WELCOA, is the “Well Workplace” Awards process;

Wisconsin has over 50 employers who have been awarded the designation and recognized as one of America's Healthiest Companies (About Us, 2011).

South Carolina is another state that exemplifies a strong example of evidenced-based wellness programming as they also have a worksite toolkit available for organizations to create their own worksite wellness or enhance an existing program (Healthy South Carolina Worksites [HSCW]). The goal of the South Carolina Worksite Initiative is to reduce the burden of chronic diseases in workplaces by providing resources to initiate wellness programs, improve employee health promotion, and advocate for policies that support environmental and policy change in South Carolina worksites (HSCW). This initiative aims to assist organizations and business in South Carolina to have healthier worksites and employees (HSCW). Resources are available to organizations to assist them with implementing an evidenced-based worksite wellness program or enhance any existing wellness program that may already be in place (HSCW).

WELCOA Worksite Wellness Recognition

The Wellness Councils of America or WELCOA was founded in 1987 as a national non-profit membership organization dedicated to promoting healthier lifestyles for all Americans, especially through health promotion initiatives at the worksite (Hunnicut & Chapman, 2006). Organizationally, WELCOA serves as an umbrella, linking communities and coalitions together into a supportive network that includes locally affiliated Wellness Councils, Well City initiatives, Well Workplaces, and individual and corporate members throughout the United States (Hunnicut & Chapman, 2006). More specifically, WELCOA focuses on building Well Workplaces –

organizations that are dedicated to the health of their employees (Hunnicuttt & Chapman, 2006). The Well Workplace process provides business leaders and members with a structure or blue print to help their organizations build results-oriented wellness programs (Hunnicuttt & Chapman, 2006). To date, over 900 companies have received the prestigious Well Workplace award (Hunnicuttt & Chapman, 2006).

***AchieveWELL* Certification in Indiana**

The Wellness Council of Indiana (WCI) in cooperation with the Indiana Chamber has created a guide for Indiana employer's on workplace wellness. The guide discusses the steps employer's need to take in order to start or improve their workplace wellness program. It also discusses the *AchieveWELL* certification process for Indiana businesses, of which can receive either a Three-Star, Four-Star, or Five-Star Award. At this time, there is not a current form for employer's to complete to apply for the *AchieveWELL* certification, rather they must gather all of their data and turn in to WCI for recognition. A digital form will make this process much simpler for the business and also for WCI. It will also allow for data to be collected and stored simultaneously. In order to create the digital form for the Three-Star Award, proof of the following 11 components must be addressed: top management support, established wellness team, completed needs assessment and analysis, program goals linked to business goals, formal operating plan for program created, promotion/communication plan developed, incentive program, safety initiatives, evaluation of planning and activities, operating plan for year two, and supportive environment.

1. Top Management Support

Top management must value a healthy work culture, endorse the wellness plan, and encourage employees to participate in the wellness activities. Having the support of top management will allow for a more engaging, thus more successful worksite wellness program. It reminds the employee's they are an asset to the company as well as showing them that management truly cares about their health and well-being.

2. Established Wellness Team

It is imperative to establish a wellness team that will lead the majority of the worksite wellness program, rather than having one individual lead. The members of the team should be motivated to lead a healthier lifestyle as well as be interested in improving the culture of the workplace. Valuable members for a wellness team could include, but are not limited to employee's from the following areas: human resource managers, employee benefits coordinators, occupational health and safety workers, legal counsel, cafeteria employees, employee union representatives, information systems programmers, other department managers, hourly and salary staff members, individuals with disabilities, and employees interested in wellness-related activities.

Once a wellness team has been established, identifying a committee chairperson as well as a program director is essential. A committee name should then be created. The committee should all be brought together to begin development of the individualized worksite wellness program and assign tasks to individuals based on their expertise and dedication. All information regarding the wellness team should be recorded and applied to the digital form as part of the certification recognition.

3. Needs Assessment and Analysis

The first step in the creation of the worksite wellness program is gaining a better understanding of the workplace culture and the health of the employee's. Several variations exist to aid in gathering this data including needs and interest survey, health risk assessment (HRA), conducting a health screening, and an employee satisfaction survey among many others. Once the data has been collected, it needs to be analyzed to discover the greatest need of the population. All gathered data must remain confidential and follow legal guidelines.

4. Program and Business Goals Linked

A wellness program's mission statement communicates the overarching values and goals, like an organizational mission statement. The statement should describe the purpose of the initiative and who it serves. Aligning your wellness mission and goals with your company mission and goals will highlight how the wellness program will help the company succeed. The digital form should include space for the mission and goals of both the company as well as the wellness program.

5. Formal Program Operation Plan

The formal program operation plan should include a plan of action, timelines, designation of roles and responsibilities of team members, a communication plan, possible adjustment of workplace policies as well as the addition of incentives, environmental changes, and an evaluation of the results to determine success. The digital form should address each of the components of the program operation plan.

6. Promotion and Communication Plan

Maintaining early, effective, and open communication among and between the wellness committee members, upper management, and other employees is essential for success. A few media channels should be selected that are most suitable for the organization and should allow for comments, feedback, and suggestions. Possible forms of media that can be used to promote and communicate a wellness plan include e-mail, mailings, memos with check stubs, poster flyers/mailboxes, bulletin boards, break rooms, text messaging, social networking, etc. The methods of chosen communication should reach as many employees as possible, making everyone aware of the wellness program. The digital form will ask for the forms of media utilized as well as the target audiences.

7. Incentive Program

Providing incentives to wellness program participants can build motivation for improving health behaviors. Job rotation, flexible work hours, challenging projects, and even recognition can all serve as incentives. A common incentive for behavior changes is discounted health insurance premiums for example. To make incentives effective, managers should understand their employees so they know what is truly meaningful to them. Incentive plans should be given considerable thought before implementation. The digital form should address the incentive program plan and legal issues regarding the incentives.

8. Safety Initiatives

Changes to the company's physical infrastructure are important to the health and safety of employees. For example, updating stairwells may encourage employees to use the stairs instead of elevators, adding refrigerators may prompt employees to bring

healthy lunches, and ergonomic workstations may decrease repetitive stress injuries. Whatever the changes consist of, considerable thought should be given and legalities must be considered. The digital form will address the environmental changes, ask for a reason for the change, and note if there are any legal considerations.

9. Evaluation of Planning and Activities

Evaluation of the planning process and activities is essential to determine the success of the program as a whole. Results must be evaluated based on the initial goals set when the initiative planning took place. How the results will be evaluated is based on how the executive team wants the results presented to them. For example, if top management has a focus on productivity, evaluate your results based on how the wellness programs have led to decreased absenteeism, fewer worker's compensation claims, and employees being more focused on their jobs (presenteeism). Results will drive budgets and allow for growth of the wellness initiative in future years. The digital form will ask for the initial goals to be restated followed by how the individual goal was evaluated and the outcomes related to both the business bottom line as well as employee satisfaction.

10. Future Operating Plan

Based on the outcomes from year one, an operating plan for the following year should be developed in order to sustain the benefits of the initiative. Goals should be re-evaluated and a plan should be created around the goals. The digital form will address new goals and the program plan for the following year.

11. Supportive Environment

Environmental support means the physical factors at the workplace that help foster employee health. For example, healthy foods available in an on-site cafeteria, snack shops, or vending machines. The digital form will address environmental changes that have been made to increase the support as a result of the wellness program implementation.

Developing a computerized/digital form will allow for ease of application for both the employer and WCI for more efficient processing. It should include factors from each of the 11 components described above that will allow for the business to achieve the Three-Star Award recognition.

Summary

It is evident that steps need to be taken to improve the health and well-being of Americans. Workplace wellness programs are being proven effective to improve the health of employees and also to decrease healthcare costs. Continued support, such as the *AchieveWELL* certification, will help enable and support businesses to create healthier working environments and improve the health of their employees.

CHAPTER THREE

METHODOLOGY

The purpose of this creative project was to develop an electronic form to be used by businesses that apply for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). This chapter will describe the methods used to conduct the study.

Target Population

The population of interest for this creative project includes Indiana businesses of all sizes who will be applying for the *AchieveWELL* certification through WCI in the future. Currently only ten businesses throughout Indiana have achieved a three-star certification. It is possible for all Indiana businesses to apply for and earn the certification.

Methods

Following a thorough review of the literature, an electronic PDF form was created using Adobe Acrobat 9 Pro software. To create the electronic form, this researcher: 1) completed professional training to learn how to use the Adobe interactive form software; 2) engaged in conversation with leaders and stakeholders of the Wellness Council of Indiana in an effort to become fully entrenched in the nuances of the project, 3) and

developed the online electronic template for the *AchieveWELL* certificate application form and database to be used by Indiana businesses when they apply to the WCI to be a certified *AchieveWELL* business. The electronic form was created in a manner that will allow for the abstraction and storage of key components in a companion data source which will allow future data analysis and tracking of the *AchieveWELL* companies.

The interactive, electronic form includes sub-questions for each of the following 11 components required for Three-Star certification: top management support, wellness team, needs assessment and analysis, program goals and business goals, formal program operating plan, promotion/communication plan, incentive program, safety initiatives, evaluation of planning and activities, two year operating plan, and supportive environment.

Throughout the creation process, sub-questions were reviewed and analyzed for accuracy by WCI committee members. Once sub-questions for all 11 components have been completed and verified, the form was finalized and made available to Indiana businesses applying for certification.

Instruments

An electronic PDF form was created, as stated above using Adobe Acrobat 9 Pro software. This instrument allows for professional communications between Indiana businesses and the WCI utilizing PDF forms. The final form is included in Appendices A.

Summary

An electronic PDF assessment form was created using Adobe software for businesses to utilize when applying for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). This will allow for greater efficiency for both the applicant and the reviewing committee and will assist WCI in reaching their certification goals while concomitantly providing them with up-to-date data on the health of Indiana's businesses.

CHAPTER FOUR

REFLECTION

The purpose of this creative project was to develop an electronic form to be used by businesses that apply for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). This chapter will provide a reflection from the researcher.

Reflection

The computerized form will serve several purposes, not only within the state of Indiana, but also nationally within the United States. The form will enhance the *AchieveWELL* certification process making it more appealing and easier for businesses to apply. The digital form will:

- Allow WCI to retrieve organizational data more efficiently
- Allow for businesses to complete the application process more smoothly
- Clarify what is necessary to become a *Well Workplace* based on best practices
- Allow for Indiana to become recognized as *Well State*

Following the completion and initiation of this form, many benefits will be noted and the Wellness Council of Indiana will be able to more efficiently meet their goal of Three-Star organizations throughout the state. The more organizations WCI is able to

reach, the more likely cities within Indiana will be able to improve employee health and performance. Overall, the digital, Adobe application form to become a Three-Star *AchieveWELL* organization will have a positive impact on the WCI and the applicable organizations.

Summary

An electronic PDF assessment form was created using Adobe Acrobat 9 Pro software for businesses to utilize when applying for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). This will allow for greater efficiency for both the applicant and the reviewing committee and will assist WCI in reaching their certification goals while concomitantly providing them with up-to-date data on the health of Indiana's businesses.

CHAPTER FIVE

SUMMARY AND RECOMMENDATIONS

The purpose of this creative project was to develop an electronic form to be used by businesses that apply for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). This chapter will provide a summary of the project and recommendations for the future.

Overview

Currently, the process for the Three-Star *AchieveWELL* certification consists of informally turning in files to the WCI for approval. With the addition of the formal form, organizations will be able to apply more easily by filling in the blanks and attaching all files to a centralized location. This will also allow for ease of use for the future when describing the wellness program to current and prospective employees. The form was created using Adobe Acrobat Pro and is consistent with the current WCI recommendations for a well workplace including the 11 required components.

Recommendations

At present, the form is designed to be sent to prospective organizations. Once completed, the organization will save the form as a .pdf file on their computer and email it to WCI. In the future, it will be helpful to have the form available on the WCI website

for easier submission and file sharing between the council and the organization. Because the form is designed for Three-Star certification, it will also be beneficial to develop concurrent forms that may be used for Four-Star and Five-Star certifications.

Indiana business's can benefit from workplace wellness programs. The *AchieveWELL* certification process is a step in the right direction to encourage businesses to achieve more for their employees and their community. It is a positive recognition for organizations to become recognized for their positive efforts on aiming to decrease healthcare costs, employee absenteeism and presenteeism, as well as increasing employee morale coupled with reduced stress.

Summary

An electronic PDF assessment form was created using Adobe software for businesses to utilize when applying for the *AchieveWELL* certification in Indiana through the Wellness Council of Indiana (WCI). This will allow for greater efficiency for both the applicant and the reviewing committee and will assist WCI in reaching their certification goals while concomitantly providing them with up-to-date data on the health of Indiana's businesses.

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APPENDIX A

ACHIEVEWELL CERTIFICATION DOCUMENT

Appendix A – AchieveWELL Certification Document

Please see attached file.